

November 1, 2007

Montana Healthcare Programs Notice

All Provider Types

Enhanced Claims Editing—Add-on Codes

Beginning December 1, 2007, healthcare programs administered by the Department of Public Health and Human Services will implement enhanced claims editing to identify situations where correct procedure coding principles need to be improved. This change may affect any provider who bills for professional services using Current Procedure Terminology or Healthcare Common Procedure Coding System (CPT®/HCPCS) Procedure codes. It will not apply to:

- Federally Qualified Health Clinics
- Rural Health Clinics
- Freestanding Dialysis Clinics
- Ambulatory Surgical Centers
- Children's Special Health Services
- Home and Community Based Services
- Home Health
- Hospice
- Personal Assistance
- Hospital Outpatient
- Birthing Centers
- Indian Health Service Providers

The first edit to be activated relates to the use of **add-on codes**. Both CPT® and CMS define codes that require the presence of a primary procedure code for appropriate coding. The CPT® manual describes add-on codes as “procedures/services that are always performed, by the same physician” and “are always performed in addition to the primary service/procedure, and must never be reported as stand-alone codes.”

Examples of these codes include:

- 90471 IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS INTRADERMAL SUBCUTANEOUS OR INTRAMUSCULAR INJECTIONS); ONE VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)
- 90472 IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, IM & JET INJECTIONS &/OR INTRANASAL OR ORAL ADMIN); EACH ADDITIONAL VACCINE (SINGLE OR COMBO)

- 90473 IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; ONE VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)

When billing these codes, the first immunization should be billed with 90471 or 90473, depending on the type of vaccine. Additional vaccines should be billed with 90472, which is the add-on code. Note that 90472 must be used in conjunction with 90471 or 90473 and that 90471 cannot be reported with 90473 (or vice versa).

- 90760 INTRAVENOUS INFUSION, HYDRATION; INITIAL, UP TO 1 HOUR
- 90761 INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROC)

Code 90761 is an add-on code and should be reported in conjunction with 90760.

- 90767 INTRAVENOUS INFUSION FOR THERAPY PROPHYLAXIS OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); ADDITIONAL SEQUENTIAL INFUSION UP TO 1 HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

Code 90767 should be reported in conjunction with 90765, 90774, 96409, or 96413 when provided as a secondary or subsequent service after a different initial service.

- 88141 CYTOPATHOLOGY CERVICAL OR VAGINAL (ANY REPORTING SYSTEM); REQUIRING INTERPRETATION BY PHYSICIAN (LIST SEPARATELY IN ADDITION TO CODE FOR TECHNICAL SERVICE)

Code 88141 must be used in conjunction with 88142-88154, 88164-88167, or 88174-88175.

- 83901 MOLECULAR DIAGNOSTICS; AMPLIFICATION OF PATIENT NUCLEIC ACID MULTIPLEX EACH ADDITIONAL NUCLEIC ACID SEQUENCE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

Code 83901 must be used in conjunction with 83900.

These are just a few examples of codes that must be billed as an add-on to a primary code. Please consult your current AMA guidance for complete information on codes that should be billed with a primary code.

After December 1, 2007, Montana Medicaid will require codes that are designated as add-on codes to be billed with the appropriate primary code(s). Procedures that are billed without the primary code will be denied. The reason and remark code (N122) will specify that an add-on code cannot be billed by itself.

Coming Soon

Watch for provider notices related to other enhanced editing changes including:

- Use of New Visit Evaluation and Management Codes
- Use of Multiple Evaluation and Management Codes on a Single Day of Service
- National Correct Coding Initiative (CCI) Editing

- Enhanced Global Surgery Editing
- Enhanced Assistant at Surgery, Co-Surgery, and Team Surgery Editing

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958

Helena: (406) 442-1837

Visit the Provider Information website:

<http://www.mtmedicaid.org>

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